

NEW YORK STATE SECURITY BREACH REPORTING FORM

Pursuant to the Information Security Breach and Notification Act (General Business Law §899-aa)

Name and address of Entity that owns or licenses the computerized data that was subject to the breach:

Goldberg, Miller & Rubin, PC

Street Address: 121 South Broad St., Suite 1600

City: Philadelphia

State: PA

Zip Code: 19107

Submitted by: David G. Ries Title: Of Counsel Dated: 2/23/2017

Firm Name (if other than entity): Clark Hill PLC

Telephone: 412-394-7787

Email: dries@clarkhill.com

Relationship to Entity whose information was compromised: Attorney

Type of Organization (please select one): ☐ Governmental Entity in New York State; ☐ Other Governmental Entity;
☐ Educational; ☐ Health Care; ☐ Financial Services; ☒ Other Commercial; or ☐ Not-for-profit.

Number of Persons Affected:

Total (Including NYS residents): Approx. 5,700 NYS Residents: 238

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? ☐ Yes ☐ No

Dates: Breach Occurred: 10/25/2016 Breach Discovered: 10/25/2016 Consumer Notification: 2/23/2017

Description of Breach (please select all that apply):

☐ Loss or theft of device or media (e.g., computer, laptop, external hard drive, thumb drive, CD, tape);

☐ Internal system breach; ☐ Insider wrongdoing; ☐ External system breach (e.g., hacking);

☐ Inadvertent disclosure ; ☒ Other specify): A security researcher was able to remotely access a backup server.

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Information Acquired: Name or other personal identifier in combination with (please select all that apply):

☒ Social Security Number

☒ Driver's license number or non-driver identification card number

☐ Financial account number or credit or debit card number, in combination with the security code, access code, password, or PIN for the account

Manner of Notification to Affected Persons - ATTACH A COPY OF THE TEMPLATE OF THE NOTICE TO AFFECTED NYS RESIDENTS:

☒ Written ☐ Electronic ☐ Telephone ☐ Substitute notice

List dates of any previous (within 12 months) breach notifications: None

Identify Theft Protection Service Offered: ☒ Yes ☐ No

Duration: 12 months Provider: AllClear ID

Brief Description of Service: Credit Monitoring and Identity Theft Repair

**PLEASE COMPLETE AND SUBMIT THIS FORM TO
EACH OF THE THREE STATE AGENCIES LISTED BELOW:**

Fax or Email this form to:

New York State Attorney General's Office

SECURITY BREACH NOTIFICATION

Consumer Frauds & Protection Bureau

120 Broadway - 3rd Floor

New York, NY 10271

Fax: 212-416-6003

Email: breach.security@ag.ny.gov

New York State Division of State Police

SECURITY BREACH NOTIFICATION

New York State Intelligence Center

31 Tech Valley Drive, Second Floor

East Greenbush, NY 12061

Fax: 518-786-9398

Email: risk@nysic.ny.gov

New York State Department of State Division of Consumer Protection

Attention: Director of the Division of Consumer Protection

SECURITY BREACH NOTIFICATION

99 Washington Avenue, Suite 650

Albany, New York 12231

Fax: (518) 473-9055

Email: security_breach_notification@dos.ny.gov